

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 / 59443

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3			1				53						
4				1			54						
5					1		55						
6						1	56						
7	1						57						
8		1					58						
9			1				59						
10				1			60						
11					1		61						
12						1	62						
13							63						
14							64						
15							65						
16							66						
17	1						67						
18		1					68						
19			1				69						
20				1			70						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3												
TOTAL DEP.	17												
TOTAL CLAIMS	20												